

Private Health Insurance Detail (HP) Section

| THROUGHOUT THE SPECIFICATIONS FOR THIS CAPI |
| SECTION, FOR SCREENS THAT SPECIFY THE REFERENCE |
| PERIOD {END DATE} AS PART OF THE CONTEXT HEADER, |
| CAPI DISPLAYS THE {END DATE} ONLY FOR ROUND 5. IN |
| ANY OTHER ROUND, CAPI DOES NOT DISPLAY THE {END |
| DATE} IN THE CONTEXT HEADER. FOR MOST PERSONS, |
| THE END DATE FOR ROUND 5 WILL BE DECEMBER 31 OF |
THE SECOND YEAR OF THE PANEL.

| NOTE THAT 'HEALTH INSURANCE PURCHASING ALLIANCE' |
| (CODE '4' AT HX03 AND CODE '2' AT HX23) WAS |
| OMITTED IN PANEL 12 ROUND 2 AND WILL BE OMITTED IN |
ALL FUTURE ROUNDS.

| NOTE THAT ESTABLISHMENT ADDRESS INFORMATION AND |
| THE INFORMED CONSENT SCREENS WERE OMITTED STARTING |
| IN PANEL 12 ROUND 3. THIS INFORMATION WAS |
| IN PANEL 12 ROUNDS 1 AND 2. |
| |
| STARTING IN PANEL 13 THESE ITEMS WILL BE OMITTED |
IN ALL ROUNDS.

BOX_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME, |
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, |
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY, |
| 'INSURANCE SOURCE'. |
| |
| FOR 'INSURANCE SOURCE', DISPLAY THE CATEGORY TEXT |
| FROM HX23. IF HX23=91, DISPLAY THE OTHER SPECIFY |
TEXT.

BOX_01
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-----  
| IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN THE |  
| EMPLOYMENT (EM) SECTION AS 'PROVIDES HEALTH |  
| INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' |  
| WITH A FIRM-SIZE-1, GO TO LOOP_01 |  
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-----  
| IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON |  
| AN HX23 CATEGORY (EXCEPT CODE '3' (DIRECTLY FROM |  
| A SCHOOL)), GO TO HP03 |  
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| IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL) |  
| AT HX23, CONTINUE WITH HP01 |  
-----
```

HP01
=====

Does the insurance from the school cover only injuries caused
by accidents, or does it have general health coverage?

GENERAL HEALTH COVERAGE	1	{HP02}
ONLY INJURIES CAUSED BY ACCIDENTS	2	{BOX_11}
REF	-7	{HP02}
DK	-8	{HP02}

HELP AVAILABLE FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]

HP02
=====

Would the insurance from the school cover health services
outside of a school clinic?

YES 1 {HP03}
NO 2 {BOX_11}
REF -7 {HP03}
DK -8 {HP03}

HP03
=====

I'd like to talk about the insurance which is from {CATEGORY
NAME FROM HX03 OR HX23}, that is, the health insurance {through
a self-employed business/someone in the family purchased or
obtained directly from that source.}

SELECT 'CONTINUE' UNLESS RESPONDENT VOLUNTEERS INSURANCE
REPORTED IN ERROR.

CONTINUE 1 {LOOP_01}
INSURANCE REPORTED IN ERROR 2 {BOX_11}

[Code One]

| DISPLAY 'through a self-employed business' IF |
| LOOPING ON AN HX03 CATEGORY. DISPLAY 'someone in |
| the family purchased or obtained directly from |
that source.' IF LOOPING ON AN HX23 CATEGORY.

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-----  
| DISPLAY THE FOLLOWING FOR 'CATEGORY NAME FROM HX03 |  
| OR HX23': |  
| |  
| - 'a professional association' IF CODED '1' AT |  
| HX03 |  
| - 'a small business group' IF CODED '2' AT HX03 |  
| - 'a union' IF CODED '3' AT HX03 |  
| - 'an insurance agent' IF CODED '5' AT HX03 |  
| - 'an insurance company' IF CODED '6' AT HX03 |  
| - 'an HMO' IF CODED '7' AT HX03 |  
| - 'a previous employer' IF CODED '8' AT HX03 |  
| - 'a previous employer (COBRA)' IF CODED '9' AT |  
| HX03 |  
| - 'a high risk pool {(e.g., {STATE NAME FOR HIGH |  
| RISK POOL})}' IF CODED '10' AT HX03 |  
| - 'the {HX03OV OTHER SPECIFY TEXT}' IF CODED '91' |  
| AT HX03 |  
| - '{STATE EXCHANGE NAME}' IF CODED '11' AT HX03 |  
| - 'source purchased for that business' IF CODED |  
| '-7' OR '-8' AT HX03 |  
| |  
| - 'a group or association' IF CODED '1' AT HX23 |  
| - 'a school' IF CODED '3' AT HX23 |  
| - 'an insurance agent' IF CODED '4' AT HX23 |  
| - 'an insurance company' IF CODED '5' AT HX23 |  
| - 'an HMO' IF CODED '6' AT HX23 |  
| - 'a union' IF CODED '7' AT HX23 |  
| - 'a previous employer (COBRA)' IF CODED '8' AT |  
| HX23 |  
| - 'a previous employer (not COBRA)' IF CODED '9' |  
| AT HX23 |  
| - 'a spouse's (or deceased spouse's) previous |  
| employer' IF CODED '10' AT HX23 |  
| - 'some other employer' IF CODED '11' AT HX23 |  
| - 'the plan of someone not living here' IF CODED |  
| '12' AT HX23 |  
| - 'a high risk pool {(e.g., {STATE NAME FOR HIGH |  
| RISK POOL})}' IF CODED '13' AT HX23 |  
| - '{STATE EXCHANGE NAME-A}' IF CODED '14' AT HX23 |  
| - 'the {HX23OV OTHER SPECIFY TEXT}' IF CODED '91' |  
| AT HX23 |  
| - 'a source that provided directly purchased |  
| insurance' IF CODED '-7' OR '-8' |  
| |  
|-----
```

| DISPLAY `(e.g., {STATE NAME FOR HIGH RISK POOL})' |
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED |
| OFFERS A HIGH RISK POOL HEALTH INSURANCE PLAN. |
| THIS INCLUDES ALL STATES EXCEPT: AZ, DE, DC, GA, |
| HI, ME, MA, MI, NV, NJ, NY, OH, PA, RI, VT, VA. |
| IF INTERVIEW STATE IS ONE OF THESE STATES, USE A |
| NULL DISPLAY. |
|
| FOR `STATE NAME FOR HIGH RISK POOL' DISPLAY THE |
| HIGH RISK POOL PLAN NAME ASSOCIATED WITH THE STATE |
| IN WHICH INTERVIEW IS BEING CONDUCTED. |
|
| FOR `STATE EXCHANGE NAME', DISPLAY THE EXCHANGE |
| NAME `A' ASSOCIATED WITH THE STATE IN WHICH |
INTERVIEW IS BEING CONDUCTED.

| IF CODED `2' (INSURANCE REPORTED IN ERROR), FLAG |
ITEM FOR SOURCE CLEAN-UP.

LOOP_01

=====

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-----  
|   FOR EACH OF THE FOLLOWING:   |  
|  
|   ESTABLISHMENT 1             |  
|   ESTABLISHMENT 2             |  
|   ESTABLISHMENT 3             |  
|   ESTABLISHMENT 4             |  
|  
|   ASK BOX_01AA-END_LP01       |  
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```

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-----  
|   LOOP DEFINITION:  LOOP-01 COLLECTS DETAILED   |  
|   INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN |  
|   EMPLOYER OR THE ESTABLISHMENT NAMES OF THE   |  
|   INSURANCE SOURCE COLLECTED IN EITHER HX03 OR HX23. |  
|   IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER |  
|   ONLY ONE LOOP CYCLE IS COMPLETED.           |  
|  
|   IF LOOPING ON INSURANCE PROVIDED THROUGH AN   |  
|   INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE |  
|   FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT |  
|   NAME OF THE INSURANCE SOURCE.  SUBSEQUENT CYCLES, |  
|   IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18. |  
|   IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN |  
|   TO COLLECT THE NEXT ESTABLISHMENT NAME.  IF HP18 |  
|   IS NOT ASKED OR IS CODED '2' (NO), '-7' (REFUSED), |  
|   OR '-8' (DON'T KNOW), THE LOOP ENDS.         |  
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```

BOX_01AA

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| IF LOOPING ON CODE '11' (STATE EXCHANGE NAME) AT |
| HX03 OR CODE '14' (STATE EXCHANGE NAME) AT HX23, |
| AUTOMATICALLY CODE HP04A AS 'YES' |
| AND |
| AUTOMATICALLY ADD THE ESTABLISHMENT NAME '{STATE |
| EXCHANGE NAME}' TO THE HP04/HP06 ESTABLISHMENT |
ROSTER. THEN GO TO BOX_02

| IF LOOPING ON CODE '1' (PROFESSIONAL ASSOCIATION), |
| '2' (SMALL BUSINESS GROUP), '5' (INSURANCE AGENT), |
| '6' (INSURANCE COMPANY), '7' (HMO), OR '91' |
| (OTHER) AT HX03 OR CODE '1' (GROUP/ASSOCIATION), |
| '4' (INSURANCE AGENT), '5' (INSURANCE COMPANY), |
| '6' (HMO), OR '91' (OTHER) AT HX23, CONTINUE WITH |
HP04A

OTHERWISE, GO TO BOX_01A

| NOTE: THE HP04/HP06 ESTABLISHMENT ROSTER HAS A |
| CHARACTER LIMIT OF 30 CHARACTERS. IF AN |
| ESTABLISHMENT IS AUTOMATICALLY ADDED TO THE |
| ROSTER AT HP04/HP06 THAT IS OVER 30 CHARACTERS, |
| THE ESTABLISHMENT NAME WILL BE TRUNCATED. AS OF |
| P19R2/P18R4, THE FOLLOWING STATE EXCHANGE NAMES |
| WERE TRUNCATED: |

| ORIGINAL |

| 'the Health Insurance Marketplace' |
| 'the Massachusetts Health Connector' |
| 'the Washington Health Plan Finder' |

| TRUNCATED |

| 'Health Insurance Marketplace' |
| 'Massachusetts Health Connector' |
'Washington Health Plan Finder'

HP04A

=====

Is this coverage through {STATE EXCHANGE NAME-A}{, [which may also
be known as {ALIAS B} {or {ALIAS C}}]}?

YES 1 {BOX_01A}
NO 2 {BOX_01A}
REF -7 {BOX_01A}
DK -8 {BOX_01A}

| DISPLAY `, [which may also be known as {ALIAS B} |
| {or {ALIAS C}}]' IF THERE IS MORE THAN ONE |
| EXCHANGE NAME ASSOCIATED WITH THE STATE IN WHICH |
INTERVIEW IS BEING CONDUCTED.

| DISPLAY `or {ALIAS C}' IF THERE ARE THREE |
| EXCHANGE NAMES ASSOCIATED WITH THE STATE IN WHICH |
INTERVIEW IS BEING CONDUCTED.

| FOR `STATE EXCHANGE NAME-A', `ALIAS B', AND |
| `ALIAS C', DISPLAY THE EXCHANGE NAME(S) ASSOCIATED |
| WITH THE STATE IN WHICH INTERVIEW IS BEING |
CONDUCTED.

BOX_01A

=====

| IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT |
| FLAGGED AS `SELF-EMPLOYED' WITH A FIRM-SIZE-1, |
GO TO HP09

OTHERWISE, CONTINUE WITH HP04

HP04
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT}
{STR-DT} {END-DT}

{Please give me the name of the {**professional association/small business group/union/insurance company/HMO/previous employer/previous employer (using COBRA)/group or association/school/spouse's (or deceased spouse's) previous employer/employer/high risk pool (e.g., {STATE NAME FOR HIGH RISK POOL})**}/ {HX03OV/HX23OV OTHER SPECIFY}/source} {from which someone in the family {purchased/obtained} this insurance/for the insurance purchased from an agent}. / You mentioned that someone in the family receives health insurance from the plan of someone not living here. How does that policyholder get this insurance?}

VERIFY WITH RESPONDENT AND SELECT (ESTABLISHMENT) BELOW:

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|-----|
| ROSTER. ESTABLISHMENT |
|-----|
| 1. Establishment Name-30 |
| |
|-----|
| 2. Establishment Name-30 |
| |
|-----|
| 3. Establishment Name-30 |
| |
|-----|
```

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| DISPLAY 'Please give ... an agent.' IF NOT LOOPING |
| ON HX23 CODE '12' (UNDER PLAN OF SOMEONE NOT |
| LIVING HERE). DISPLAY 'You mentioned...this |
| insurance?' IF LOOPING ON HX23 CODE '12' (UNDER |
| PLAN OF SOMEONE NOT LIVING HERE). |
| |
| DISPLAY 'professional association' IF LOOPING ON |
| HX03 CODE '1' (FROM A PROFESSIONAL ASSOCIATION). |
| |
| DISPLAY 'small business group' IF LOOPING ON HX03 |
| CODE '2' (FROM A SMALL BUSINESS GROUP). |
| |
| DISPLAY 'union' IF LOOPING ON HX03 CODE '3' (FROM |
| A UNION) OR LOOPING ON HX23 CODE '7' (FROM A |
| UNION). |
| |
| DISPLAY 'insurance company' IF LOOPING ON HX03 |
| CODE '5' (DIRECTLY FROM AN INSURANCE AGENT) OR '6' |
| (DIRECTLY FROM INSURANCE COMPANY) OR LOOPING ON |
| HX23 CODE '4' (DIRECTLY FROM AN INSURANCE AGENT) |
| OR '5' (DIRECTLY FROM INSURANCE COMPANY). |
|-----
```

DISPLAY '**HMO**' IF LOOPING ON HX03 CODE '7'
(DIRECTLY FROM AN HMO) OR LOOPING ON HX23 CODE '6'
(DIRECTLY FROM AN HMO).

DISPLAY '**previous employer**' IF LOOPING ON HX03
CODE '8' (FROM A PREVIOUS EMPLOYER) OR LOOPING ON
HX23 CODE '9' (FROM ANYONE'S PREVIOUS EMPLOYER).

DISPLAY '**previous employer (using COBRA)**' IF
LOOPING ON HX03 CODE '9' (FROM A PREVIOUS EMPLOYER
(COBRA)) OR LOOPING ON HX23 CODE '8' (FROM
ANYONE'S PREVIOUS EMPLOYER (COBRA)).

DISPLAY '**group or association**' IF LOOPING ON HX23
CODE '1' (FROM A GROUP OR ASSOCIATION).

DISPLAY '**school**' IF LOOPING ON HX23 CODE '3'
(DIRECTLY THROUGH A SCHOOL).

DISPLAY '**spouse's (or deceased spouse's) previous
employer**' IF LOOPING ON HX23 CODE '10' (FROM
SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER).

DISPLAY '**employer**' IF LOOPING ON HX23 CODE '11'
(FROM SOME OTHER EMPLOYER).

DISPLAY '**high risk pool {(e.g., {STATE NAME FOR
HIGH RISK POOL})}**' IF LOOPING ON HX03 CODE '10'
(DIRECTLY FROM A HIGH RISK POOL) OR LOOPING ON
HX23 CODE '13' (DIRECTLY FROM A HIGH RISK POOL).

DISPLAY '**{HX03OV/HX23OV OTHER SPECIFY}**' IF LOOPING
ON HX03 CODE '91' (OTHER) OR LOOPING ON HX23 CODE
'91' (OTHER SOURCE).

FOR 'HX03OV/HX23OV OTHER SPECIFY' DISPLAY THE
TEXT ENTERED AT EITHER HX03OV OR HX23OV.

DISPLAY '**source**' IF LOOPING ON HX03 OR HX23 CODES
'-7' (REF) OR '-8' (DK).

DISPLAY '**from which someone in the family
{purchased/obtained} this insurance**' IF **NOT**
LOOPING ON HX03 CODE '5' (DIRECTLY FROM AN
INSURANCE AGENT) OR HX23 CODE '4' (DIRECTLY FROM
AN INSURANCE AGENT) IF LOOPING ON HX03 CODE '5' OR
HX23 CODE '4', DISPLAY, 'for the insurance
purchased from an agent'.

DISPLAY '**purchased**' IF LOOPING ON HX03 CODES '1',
'2', '3', '6', '7', '10', '-7,' OR '-8' OR IF
LOOPING ON HX23 CODES '1', '3', '5', '6', '7',
'13', '-7,' OR '-8'.

DISPLAY '**obtained**' IF LOOPING ON HX03 CODES '8',
'9', OR '91' OR IF LOOPING ON HX23 CODES '8', '9',
'10', '11', OR '91'.

| DISPLAY `(e.g., {STATE NAME FOR HIGH RISK POOL})` |
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED |
| OFFERS A HIGH RISK POOL HEALTH INSURANCE PLAN. |
| THIS INCLUDES ALL STATES EXCEPT: AZ, DE, DC, GA, |
| HI, ME, MA, MI, NV, NJ, NY, OH, PA, RI, VT, VA. |
| IF INTERVIEW STATE IS ONE OF THESE STATES, USE A |
| NULL DISPLAY. |
|
| FOR `STATE NAME FOR HIGH RISK POOL` DISPLAY THE |
| HIGH RISK POOL PLAN NAME ASSOCIATED WITH THE STATE |
IN WHICH INTERVIEW IS BEING CONDUCTED.

| THE CONTEXT HEADER DISPLAYED ON SCREENS |
| HP04 - HP08 DEPENDS ON THE PATH THAT LEADS TO |
| THE SCREEN. IF ASKING ABOUT A SPECIFIC PERSON |
| (I.E., JOBHOLDER WHEN COMING FROM AN HX03 |
| CATEGORY), CAPI DISPLAYS THE PERSON AND START |
| DATE. IF ASKING ABOUT A SPECIFIC ESTABLISHMENT, |
| CAPI DISPLAYS THE ESTABLISHMENT AND START DATE. |
| OTHERWISE, CAPI DISPLAYS THE START DATE. FOR |
| ROUND 5, CAPI ALSO DISPLAYS THE END DATE OF THE |
REFERENCE PERIOD.

| DISPLAY AN "ADD ESTABLISHMENT" OPTION ON THIS |
SCREEN.

| IF `ADD ESTABLISHMENT` OPTION IS SELECTED, |
CONTINUE WITH BOX_01B

| OTHERWISE (ESTABLISHMENT WAS SELECTED FROM THE |
LIST), GO TO BOX_02

| ROSTER DETAILS: |
| TITLE: RU_ESTB_3 |
|
| COL # 1 HEADER: ESTABLISHMENT |
| INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME |
(ESTB.ESTBNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENTS-ROSTERS FOR |
DISPLAY OF PRIVATE INSURANCE ESTABLISHMENTS.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ESTABLISHMENTS THAT ARE SOURCES OF PRIVATE |
| INSURANCE. THIS DOES NOT INCLUDE ESTABLISHMENTS |
| FLAGGED AS 'EMPLOYER' AND 'SELF-EMPLOYED' WITH A |
FIRM-SIZE-1 THAT ARE COMING FROM THE HX03 SERIES.

BOX_01B

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| IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT |
| LIVING HERE) AT HX23 AND IF 'ADD ESTABLISHMENT' |
| IS SELECTED, GO TO HP07. (NOTE THAT HP07 IS NOT A |
SEPARATE SCREEN; IT REPRESENTS A POPUP ON HP04.)

| IF 'ADD ESTABLISHMENT' IS SELECTED AND IF NOT |
| LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT |
| LIVING HERE) AT HX23, CONTINUE WITH HP06 (NOTE |
| THAT HP06 IS NOT A SEPARATE SCREEN; IT REPRESENTS |
A POPUP ON HP04.)

HP05

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OMITTED.

HP06
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

ENTER NAME OF ESTABLISHMENT WHERE PERSON PURCHASED
INSURANCE.

{ESTABLISHMENT: [_____] {BOX_02}

```
-----  
| DISPLAY THE FOLLOWING FOR 'CATEGORY NAME FROM HX03 |  
| OR HX23': |  
| |  
| - 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03 |  
| - 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03 |  
| - 'UNION' IF CODED '3' AT HX03 |  
| - 'INSURANCE AGENT' IF CODED '5' AT HX03 |  
| - 'INSURANCE COMPANY' IF CODED '6' AT HX03 |  
| - 'HMO' IF CODED '7' AT HX03 |  
| - 'PREVIOUS EMPLOYER' IF CODED '8' AT HX03 |  
| - 'PREVIOUS EMPLOYER [COBRA]' IF CODED '9' AT HX03 |  
| - 'HIGH RISK POOL' IF CODED '10' AT HX03 |  
| - THE TEXT ENTERED AT HX03OV IF CODED '91' AT HX03 |  
| - 'SOURCE PURCHASED FROM FOR THAT BUSINESS' IF |  
| CODED '-7' OR '-8' AT HX03 |  
| |  
| - 'GROUP OR ASSOCIATION' IF CODED '1' AT HX23 |  
| - 'SCHOOL' IF CODED '3' AT HX23 |  
| - 'INSURANCE AGENT' IF CODED '4' AT HX23 |  
| - 'INSURANCE COMPANY' IF CODED '5' AT HX23 |  
| - 'HMO' IF CODED '6' AT HX23 |  
| - 'UNION' IF CODED '7' AT HX23 |  
| - 'PREVIOUS EMPLOYER [COBRA]' IF CODED |  
| '8' AT HX23 |  
| - 'PREVIOUS EMPLOYER [NOT COBRA]' IF |  
| CODED '9' AT HX23 |  
| - 'SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER' |  
| IF CODED '10' AT HX23 |  
| - 'SOME OTHER EMPLOYER' IF CODED '11' AT HX23 |  
| - 'PLAN OF SOMEONE NOT LIVING HERE' IF CODED '12' |  
| AT HX23 |  
| - 'HIGH RISK POOL' IF CODED '13' AT HX23 |  
| - THE TEXT ENTERED AT HX23OV IF CODED '91' AT HX23 |  
| - 'SOURCE THAT PROVIDED DIRECTLY PURCHASED |  
| INSURANCE' IF CODED '-7' OR '-8' |  
| |  
-----
```

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
ROSTER.

HP07
=====

{STR-DT}
{END-DT}

You mentioned that someone in the family receives health insurance from the plan of someone not living here. How does that policyholder get this insurance?

INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW.

[Establishment Name] {BOX_02}

| ONLY CATEGORY '12' (UNDER PLAN OF SOMEONE NOT |
LIVING HERE) OF HX23 IS ASKED HP07.

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
ROSTER.

HP08
=====

OMITTED.

BOX_02

=====

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-----  
| IF HX03 IS CODED '1' OR '2' FLAG ESTABLISHMENT AS |  
| 'GROUP'. |  
| IF HX03 IS CODED '3', FLAG ESTABLISHMENT AS |  
| 'UNION'. |  
| IF HX03 IS CODED '5', FLAG ESTABLISHMENT AS |  
| 'INSURANCE COMPANY-FROM AN AGENT'. |  
| IF HX03 IS CODED '6', FLAG ESTABLISHMENT AS |  
| 'INSURANCE COMPANY'. |  
| IF HX03 IS CODED '7', FLAG ESTABLISHMENT AS 'HMO'. |  
| IF HX03 IS CODED '8', FLAG ESTABLISHMENT AS |  
| 'PREVIOUS EMPLOYER, NOT COBRA'. |  
| IF HX03 IS CODED '9', FLAG ESTABLISHMENT AS |  
| 'COBRA'. |  
| IF HX03 IS CODED '10', FLAG ESTABLISHMENT AS |  
| 'HIGH RISK POOL'. |  
| IF HX03 IS CODED '11', FLAG ESTABLISHMENT AS |  
| 'EXCHANGE COVERAGE'. |  
| IF HX03 IS CODED '91', FLAG ESTABLISHMENT AS |  
| 'UNKNOWN TYPE-COLLECTED AT OTHER'. |  
| |  
| IF HX23 IS CODED '1', FLAG ESTABLISHMENT AS |  
| 'GROUP'. |  
| IF HX23 IS CODED '3', FLAG ESTABLISHMENT AS |  
| 'SCHOOL'. |  
| IF HX23 IS CODED '4', FLAG ESTABLISHMENT AS |  
| 'INSURANCE COMPANY-FROM AN AGENT'. |  
| IF HX23 IS CODED '5', FLAG ESTABLISHMENT AS |  
| 'INSURANCE COMPANY'. |  
| IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS |  
| 'HMO'. |  
| IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS |  
| 'UNION'. |  
| IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS |  
| 'COBRA'. |  
| IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS |  
| 'PREVIOUS EMPLOYER, NOT COBRA'. |  
| IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS |  
| 'SPOUSE PREVIOUS EMPLOYER'. |  
| IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS |  
| 'EMPLOYER'. |  
| IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS |  
| 'UNKNOWN TYPE-OUTSIDE RU'. |  
| IF HX23 IS CODED '13', FLAG ESTABLISHMENT AS |  
| 'HIGH RISK POOL'. |  
| IF HX23 IS CODED '14', FLAG ESTABLISHMENT AS |  
| 'EXCHANGE COVERAGE'. |  
| IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS |  
| 'UNKNOWN TYPE - COLLECTED AT OTHER'. |  
-----
```

| NOTE THAT 'HEALTH INSURANCE PURCHASING ALLIANCE' |
| (CODE '4' AT HX03 AND CODE '2' AT HX23) WAS |
| OMITTED IN PANEL 12 ROUND 2 AND WILL BE OMITTED IN |
ALL FUTURE ROUNDS.

BOX_03

=====

IF LOOPING ON AN HX23 CATEGORY, GO TO HP11

OTHERWISE, CONTINUE WITH HP09

HP09

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

{{Are/Is}/As of {END DATE}, {were/was}} {you/{PERSON}} the primary
insured person or policyholder of this health coverage through
{ESTABLISHMENT}?

YES 1 {LOOP_02}
NO 2 {HP10}
REF -7 {HP10}
DK -8 {HP10}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

```
-----  
| DISPLAY '{Are/Is}' IF NOT ROUND 5. DISPLAY 'As of|  
| {END DATE}', {were/was}' IF ROUND 5. |  
-----
```

```
-----  
| PERSON REFERS TO JOBHOLDER. |  
-----
```

```
-----  
| IF CODED '1' (YES), FLAG JOBHOLDER AS |  
| 'POLICYHOLDER'. |  
-----
```

HP10
====

{NAME OF ESTABLISHMENT} {STR-DT}
{END-DT}

Who {is/was} the primary insured person or policyholder of this
health coverage through {ESTABLISHMENT} {on {END DATE}}?

{JOBHOLDER/EMPLOYER-PAIR 1}
{JOBHOLDER/EMPLOYER-PAIR 2}
{JOBHOLDER/EMPLOYER-PAIR 3}

JOBHOLDER/EMPLOYER IS LISTED 1 {END_LP01}
JOBHOLDER/EMPLOYER IS NOT LISTED 2 {END_LP01}
REF -7 {END_LP01}
DK -8 {END_LP01}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

[Code One]

```
-----  
| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |  
| ROUND 5. DISPLAY 'on {END DATE}' IF ROUND 5. |  
| OTHERWISE, USE NULL DISPLAY. |  
-----
```

| IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |
KNOW), FLAG FOR EVENT CLEANUP.

| ROSTER DETAILS: |
| TITLE: RU_ESTB_PERS_PAIRS_2 |
| |
| COL # 1 HEADER: JOBHOLDER/EMPLOYER PAIR |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAME/ESTABLISHMENT NAME (PERS.FULLNAME/ |
ESTB.ESTBNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS- |
ROSTER FOR DISPLAY OF EMPLOYER/JOBHOLDER PAIRS.

| ROSTER BEHAVIOR: |
| 1. DISPLAY ONLY. |
| |
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL PAIRS ON THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEET BOTH OF THE FOLLOWING |
| CONDITIONS: |
| |
| 1. ESTABLISHMENT IS FLAGGED AS AN 'EMPLOYER' THAT |
| IS ALSO FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
| AND |
| |
| 2. PERSON IS A JOBHOLDER AT THE JOB PROVIDED BY |
ESTABLISHMENT

HP11
=====

{NAME OF ESTABLISHMENT} {STR-DT}
{END-DT}

{Please tell me the names of everyone who is a primary insured person or policyholder of the/Who {is/was} the primary insured person or policyholder of this} health coverage through {ESTABLISHMENT} {on {END DATE}}?

{CODE ALL THAT APPLY.}

- [1. First Name, [Middle Name], Last Name-35] ..
- [2. First Name, [Middle Name], Last Name-35] ..
- [3. First Name, [Middle Name], Last Name-35] ..

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

[Code All that Apply]

| DISPLAY 'Please tell me the names of everyone who |
| is a primary insured person or policyholder of |
| the' IF HX23 IS CODED '14' (DIRECTLY FROM {STATE |
| EXCHANGE NAME}). OTHERWISE, DISPLAY 'Who {is/was} |
| the primary insured person or policyholder of |
| the'. DISPLAY 'CODE ALL THAT APPLY' IF HX23 IS |
| CODED '14' (DIRECTLY FROM {STATE EXCHANGE NAME}). |
OTHERWISE, USE A NULL DISPLAY.

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
| ROUND 5. DISPLAY 'on {END DATE}' IF ROUND 5. |
| OTHERWISE, USE NULL DISPLAY. DISPLAY A |
| "POLICYHOLDER NOT LISTED IN DU" AND "POLICYHOLDER |
DECEASED" OPTION ON THIS SCREEN.

| IF BOTH 'POLICYHOLDER NOT LISTED IN DU' AND |
| 'POLICYHOLDER DECEASED' ARE NOT SELECTED, GO TO |
LOOP_02

| IF 'POLICYHOLDER DECEASED' SELECTED, ALONE OR IN |
| COMBINATION WITH OTHER NAMES EXCEPT 'POLICYHOLDER |
NOT LISTED IN DU', GO TO HP11B

| IF 'POLICYHOLDER NOT LISTED IN DU' SELECTED, ALONE |
| OR IN COMBINATION WITH OTHER NAMES AND/OR |
'POLICYHOLDER DECEASED', CONTINUE WITH HP11A

| ROSTER DETAILS: |
| TITLE: DU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY DU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: THIS ITEM DISPLAYS DU-MEMBERS- |
ROSTER FOR SELECTION.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
NO FILTER; DISPLAY ALL DU MEMBERS.

HP11A
=====

{NAME OF ESTABLISHMENT} {STR-DT}
{END-DT}

INTERVIEWER: ENTER NAME OR DESCRIPTION OF POLICYHOLDER WHO
IS NOT IN THE DU:

 [Enter Specify-15] {LOOP_02}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

| WHENEVER THIS POLICYHOLDER IS BEING ASKED ABOUT |
| IN THE REMAINDER OF HP, HQ, HX, AND OE, THE |
| POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE |
| DISPLAYED AS 'PLCYHLDR NOT IN DU-' FOLLOWED BY |
THE 15 CHARACTER ENTRY AT HP11A.

| IF 'POLICYHOLDER DECEASED' SELECTED AT HP11, |
CONTINUE WITH HP11B

OTHERWISE, GO TO LOOP_02

HP11B
=====

{NAME OF ESTABLISHMENT} {STR-DT}
{END-DT}

INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:

[Enter Specify-40] {LOOP_02}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

FLAG POLICYHOLDER AS 'DECEASED'.

| WHENEVER THE POLICYHOLDER IS BEING ASKED ABOUT |
| IN THE REMAINDER OF HP, HQ, HX, AND OE, THE |
| POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE |
| DISPLAYED AS 'PLCYHLDR DECEASED-' FOLLOWED BY THE |
FIRST 15 CHARACTERS OF THE ENTRY AT HP11B.

LOOP_02
=====

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK BOX_04 - END_LP02

| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION |
| ABOUT THE POLICYHOLDER AND DEPENDENTS FOR EACH |
| ESTABLISHMENT-PERSON. THIS LOOP CYCLES ON EACH |
| ESTABLISHMENT-PERSON-PAIR CREATED AT HP09 AND HP11 |
| DURING THE CURRENT ROUND FOR THE ESTABLISHMENT |
BEING CYCLED ON IN LOOP_01.

BOX_04

=====

| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE', GO TO |
BOX_07

OTHERWISE, CONTINUE WITH BOX_05

BOX_05

=====

| IF HX23 IS CODED '8' (PREVIOUS EMPLOYER-COBRA), |
| '9' (PREVIOUS EMPLOYER-NOT COBRA), '10' (SPOUSE |
| PREVIOUS EMPLOYER), OR '11' (OTHER EMPLOYER) |
CONTINUE WITH BOX_06

OTHERWISE, GO TO BOX_07

BOX_06

=====

| IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED', |
| CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI |
AND GO TO HP13

| IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO |
BOX_07

OTHERWISE, CONTINUE WITH HP12

HP12

=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

{Are/Is} {you/{POLICYHOLDER}} currently employed at this job,
retired from this job, previously employed at this job, or is
it some other situation?

CURRENTLY EMPLOYED	1	{HP13}
RETIRED	2	{HP13}
PREVIOUSLY EMPLOYED	3	{HP13}
DECEASED	4	{HP13}
OTHER	91	{HP12OV}
REF	-7	{HP13}
DK	-8	{HP13}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

| IF CODED '4' (DECEASED), FLAG POLICYHOLDER AS |
'DECEASED'.

| HARD CHECK: |
| CODE '4' (DECEASED) CANNOT BE SELECTED FOR A |
POLICYHOLDER WHO IS A CURRENT RU MEMBER.

HP12OV

=====

SPECIFY:

[Enter Other Specify]		{HP13}
REF	-7	{HP13}
DK	-8	{HP13}

HP13
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

{{Are/Is}/{Were/Was}} {you/{POLICYHOLDER}} a federal government
employee at this job?

YES 1 {BOX_07}
NO 2 {BOX_07}
REF -7 {BOX_07}
DK -8 {BOX_07}

HELP AVAILABLE FOR DEFINITION OF FEDERAL GOVERNMENT.

| DISPLAY '{Are/Is}' IF HP12 IS CODED '1' (CURRENTLY|
EMPLOYED). OTHERWISE, DISPLAY '{Were/Was}'.

BOX_07

=====

```
-----  
| IF ESTABLISHMENT THAT PROVIDES INSURANCE IS |  
| FLAGGED AS: |  
| |  
| 'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN', |  
| 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE |  
| PERIOD', OR 'RETIREMENT JOB' |  
| OR |  
| 'EMPLOYER' AND [JOB SUBTYPE IS 'FORMER MAIN', |  
| 'FORMER MISCELLANEOUS' OR 'LAST JOB OUTSIDE |  
| REFERENCE PERIOD'] AND JOB IS ALSO FLAGGED AS |  
| 'NOT RETIRED FROM' |  
| OR |  
| 'PREVIOUS EMPLOYER, NOT COBRA' (I.E., HX03-CODE |  
| '8'; HX23-CODE '9') |  
| OR |  
| 'EMPLOYER' (I.E., HX23-CODE '11') AND HP12 IS NOT |  
| CODED '1' (CURRENTLY EMPLOYED) |  
| OR |  
| 'SPOUSE PREVIOUS EMPLOYER' (I.E., HX23-CODE '10') |  
| OR |  
| 'UNKNOWN TYPE-OUTSIDE RU' (I.E., HX23-CODE '12') |  
| OR |  
| 'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23- |  
| CODE '91'), |  
| |  
| CONTINUE WITH HP14 |  
-----
```

```
-----  
| OTHERWISE, GO TO BOX_07A |  
-----
```

HP14
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

Some employer insurance can be continued after leaving the
company by continuing to pay the premium. This is sometimes
referred to as a COBRA plan.

{Is/Was} {your/{POLICYHOLDER}'s} {ESTABLISHMENT} insurance like that
{on {END DATE}}?

YES 1 {BOX_07A}
NO 2 {BOX_07A}
REF -7 {BOX_07A}
DK -8 {BOX_07A}

HELP AVAILABLE FOR DEFINITION OF COBRA.

| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |
| ROUND 5. DISPLAY 'on {END DATE}' IF ROUND 5. |
OTHERWISE, USE NULL DISPLAY.

BOX_07A
=====

| **SMALL BUSINESS DETERMINATION** |
| |
| IF ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT |
| MEETS THE FOLLOWING CONDITIONS: |
| - PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND |
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS |
| INSURANCE, AND |
| - ESTABLISHMENT IS AN EMPLOYER FLAGGED AS |
| 'PROVIDES HEALTH INSURANCE', AND |
| - ESTABLISHMENT FLAGGED AS A CURRENT-MAIN-JOB, AND |
| - JOB IS FLAGGED AS 'SELF-EMPLOYED', AND |
| - EM124 IS GREATER THAN 1 BUT LESS THAN 200, |
| CONTINUE WITH HP14A |

| **SMALL BUSINESS DETERMINATION** |
| |
| IF ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT |
| MEETS THE FOLLOWING CONDITIONS: |
| - PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND |
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS |
| INSURANCE, AND |
| - ESTABLISHMENT IS AN EMPLOYER FLAGGED AS |
| 'PROVIDES HEALTH INSURANCE', AND |
| - ESTABLISHMENT FLAGGED AS A CURRENT-MAIN-JOB, AND |
| - JOB IS FLAGGED AS 'NOT SELF-EMPLOYED', AND |
| - FIRM SIZE IS SMALL (SEE DETERMINATION BELOW) |
| - EM91 IS LESS THAN 200 |
| OR |
| - EM92 IS CODED '1' (LESS THAN 10), '2' (10 TO |
| 25), '3' (26 TO 49) OR '4' (50 TO 100), AND |
| - EM93 IS CODED '2' (NO), |
| CONTINUE WITH HP14A |

| OTHERWISE, GO TO HP15 |

HP14A
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

In {RU STATE}, {STATE SHOP NAME-A}{, [which may also be known
as {ALIAS B} {or {ALIAS C}}],} is a {new} program where small
businesses will be able to shop for health insurance plans for
their employees. Is {your/{POLICYHOLDER}'s} health insurance
coverage through {ESTABLISHMENT} related at all to a program
like that?

YES 1 {HP15}
NO 2 {HP15}
REF -7 {HP15}
DK -8 {HP15}

```
-----  
| FOR 'RU STATE', DISPLAY THE FULL STATE NAME |  
| ASSOCIATED WITH THIS RU'S ADDRESS. |  
| |  
| DISPLAY ', [which may also be known as {ALIAS B} |  
| {or {ALIAS C}}], ' IF THERE IS MORE THAN ONE SHOP |  
| NAME ASSOCIATED WITH THE STATE IN WHICH INTERVIEW |  
| IS BEING CONDUCTED. |  
| |  
| DISPLAY 'or {ALIAS C}' IF THERE ARE THREE SHOP |  
| NAMES ASSOCIATED WITH THE STATE IN WHICH INTERVIEW |  
| IS BEING CONDUCTED. |  
| |  
| FOR 'STATE SHOP NAME-A' 'ALIAS B', AND 'ALIAS C', |  
| DISPLAY THE SMALL BUSINESS HEALTH OPTIONS PROGRAM |  
| NAME ASSOCIATED WITH THE STATE IN WHICH INTERVIEW |  
| IS BEING CONDUCTED. |  
| |  
| DISPLAY 'new' IF PANEL 17 ROUND 5, PANEL 18 ROUNDS |  
| 3-5, PANEL 19 ROUNDS 1-5 OR PANEL 20 ROUNDS 1-3 |  
| (YEARS 2014 AND 2015). OTHERWISE, USE A NULL |  
| DISPLAY. |  
-----
```

HP15
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

Was anyone {living here} covered as a dependent under {your/
{POLICYHOLDER}'s} health coverage through {ESTABLISHMENT} at any
time {since {START DATE}/between {START DATE} and {END DATE}}?

YES 1 {HP16}
NO 2 {HP17}
REF -7 {HP17}
DK -8 {HP17}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

| DISPLAY 'living here' IF LOOPING ON CODE '12' |
| (OUTSIDE RU) AT HX23. |
| |
| DISPLAY 'since {START DATE}' IF NOT ROUND 5. |
| DISPLAY 'between {START DATE} and {END DATE}' IF |
ROUND 5.

HP16
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DATE}

Who is that?

PROBE: Was anyone else covered as a dependent {since
{START DATE}/between {START DATE} and {END DATE}}?

[1. First Name, [Middle Name], Last Name-35]
[2. First Name, [Middle Name], Last Name-35]
[3. First Name, [Middle Name], Last Name-35]

[Code All That Apply]

| DISPLAY 'since {START DATE}' IF NOT ROUND 5. |
| DISPLAY 'between {START DATE} and {END DATE}' IF |
ROUND 5.

| IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
AS 'COVERING PERSON NOT LISTED IN RU'.

GO TO BOX_08

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION |
OF RU-MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER |
| EXCLUDING THE PERSON WHO IS THE POLICYHOLDER FOR |
| THIS INSURANCE; THAT IS, DO NOT DISPLAY THE NAME |
| OF PERSON IN THE ESTABLISHMENT-PERSON-PAIR BEING |
ASKED ABOUT.

| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ITEM ON |
ROSTER.

HP17

=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

{Does/Between {START DATE} and {END DATE}, did} {your/
{POLICYHOLDER}'s} health coverage through {ESTABLISHMENT} cover
as dependents any persons who do not live here?

YES 1 {BOX_08}
NO 2 {BOX_08}
REF -7 {BOX_08}
DK -8 {BOX_08}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |
{START DATE} and {END DATE}, did' IF ROUND 5.

| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
LISTED IN RU' IN HP16.

BOX_08

=====

| IF THERE ARE NO POLICYHOLDERS OR DEPENDENTS WHO |
| ARE CURRENT RU MEMBERS, THAT IS, POLICYHOLDER IS A |
| DU MEMBER BUT NOT A CURRENT RU MEMBER, OR IS |
| FLAGGED AS 'NOT LISTED IN DU' OR 'POLICYHOLDER |
| DECEASED' AND INSURANCE ALSO FLAGGED ONLY AS |
'COVERING PERSON NOT IN RU', GO TO END_LP02

OTHERWISE, CONTINUE WITH LOOP_03

LOOP_03
=====

| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |
PERS-TRPLS-ROSTER, ASK NAV_HP03 - END_LP03

| LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD |
| COVERAGE FOR ALL CURRENT RU MEMBERS COVERED BY THE |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. |
| THIS LOOP CYCLES ON CURRENT RU MEMBERS WHO ARE |
| SELECTED AS DEPENDENTS AT HP16 AND THE RU MEMBER |
| WHO IS FLAGGED AS THE POLICYHOLDER FOR THIS |
INSURANCE.

| NAVIGATOR DETAILS: LOOP_03 USES NAV_HP03 TO |
CONTROL THE FLOW OF THE LOOP.

NAV_HP03
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}

SERIES: {Insurance Coverage Duration during Reference
Period / Self-Employed RU Member's Insurance Coverage}

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO
PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
SERIES.

Question Series

- [1. Coverage duration for [Person's Name-65] through
[Establishment Name-30]] [Status-25]
- [2. Coverage duration for [Person's Name-65] through
[Establishment Name-30]] [Status-25]
- [3. Coverage duration for [Person's Name-65] through
[Establishment Name-30]] [Status-25]

| DISPLAY 'Self-Employed RU Member's Insurance |
| Coverage' IF LOOPING ON AN HX03 CATEGORY. |
| OTHERWISE, DISPLAY 'Insurance Coverage Duration |
during Reference Period.'

| ROSTER DETAILS: |
| COL # 1 HEADER: QUESTION SERIES |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
IS PRESENTED

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD- |
PERS-TRPLS-ROSTER FOR SELECTION.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
DISALLOWED.

| ROSTER FILTER: |
DISPLAY ALL RU MEMBERS SELECTED AT HP16.

CONTINUE WITH BOX_09 FOR SELECTED RU MEMBER.

BOX_09

=====

```
-----  
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION. |  
| |  
| AT COMPLETION OF TIME PERIOD COVERED DETAIL (HQ) |  
| SECTION, CONTINUE WITH END_LP03 |  
-----
```

END_LP03

=====

```
-----  
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |  
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |  
| STATED IN THE LOOP DEFINITION. |  
-----
```

```
-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
| END LOOP_03 AND CONTINUE WITH END_LP02 |  
-----
```

END_LP02

=====

```
-----  
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER WHO MEETS THE CONDITIONS STATED IN |  
| THE LOOP DEFINITION. |  
-----
```

```
-----  
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |  
| LOOP_02 AND CONTINUE WITH BOX_10 |  
-----
```

BOX_10
=====

```
-----  
| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN |  
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT |  
| FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, |  
| OR |  
| IF LOOPING ON AN ESTABLISHMENT FLAGGED AS |  
| 'EXCHANGE COVERAGE' (I.E., LOOPING ON HX03 |  
| CATEGORY '11' OR HX23 CATEGORY '14'), GO TO |  
| END_LP01 |  
-----  
  
-----  
| OTHERWISE, CONTINUE WITH HP18 |  
-----
```

HP18
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

Aside from {your/{POLICYHOLDER}'s} {ESTABLISHMENT} insurance, is
there another health insurance plan that anyone in the family obtains
from {CATEGORY NAME FROM HX03 OR HX23}?

YES 1 {END_LP01}
NO 2 {END_LP01}
REF -7 {END_LP01}
DK -8 {END_LP01}

| DISPLAY THE FOLLOWING FOR 'CATEGORY NAME FROM HX03 |
| OR HX23': |
| |
| - 'a professional association' IF CODED '1' AT |
| HX03 |
| - 'a small business group' IF CODED '2' AT HX03 |
| - 'a union' IF CODED '3' AT HX03 |
| - 'an insurance agent' IF CODED '5' AT HX03 |
| - 'an insurance company' IF CODED '6' AT HX03 |
| - 'an HMO' IF CODED '7' AT HX03 |
| - 'a previous employer' IF CODED '8' AT HX03 |
| - 'a previous employer (COBRA)' IF CODED '9' AT |
| HX03 |
| - 'a high risk pool' IF CODED '10' AT HX03 |
| - 'the {HX03OV OTHER SPECIFY TEXT}' IF CODED '91' |
| AT HX03 |
| - 'source purchased for that business' IF CODED |
| '-7' OR '-8' AT HX03 |
| - 'a group or association' IF CODED '1' AT HX23 |
| - 'a school' IF CODED '3' AT HX23 |
| - 'an insurance agent' IF CODED '4' AT HX23 |
| - 'an insurance company' IF CODED '5' AT HX23 |
| - 'an HMO' IF CODED '6' AT HX23 |
| - 'a union' IF CODED '7' AT HX23 |
| - 'a previous employer (COBRA)' IF CODED '8' AT |
| HX23 |
| - 'a previous employer (not COBRA)' IF CODED '9' |
| AT HX23 |
| - 'a spouse's (or deceased spouse's) previous |
| employer' IF CODED '10' AT HX23 |
| - 'some other employer' IF CODED '11' AT HX23 |
| - 'the plan of someone not living here' IF CODED |
| '12' AT HX23 |
| - 'a high risk pool' IF CODED '13' AT HX23 |
| - 'the {HX23OV OTHER SPECIFY TEXT}' IF CODED '91' |
| AT HX23 |
| - 'a source that provided directly purchased |
| insurance' IF CODED '-7' OR '-8' |

END_LP01

=====

| IF HP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
ESTABLISHMENT NAME.

| IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW), END LOOP_01 AND |
CONTINUE WITH BOX_11

BOX_11

=====

RETURN TO THE HEALTH INSURANCE (HX) SECTION.